

Quality Views

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Quality Improvement in Behavioral Health Services

The History of Quality Improvement

The dramatic changes that occurred in the field of manufacturing during the 1950's were accompanied by a focus on product inspection and reduction of product defects by conducting Quality Control or Quality Assurance. In the 1960's more companies employed a more systematic approach to assuring quality. Since the 1970's hospitals and health care organizations have attempted to improve patient care by first utilizing Quality Assurance, and more recently, Quality Improvement (QI).

Quality Assurance is a process aimed at evaluating care or services against a pre-established threshold or standard. One example of this would be a review of a patient chart to determine if each required document is present; if each document contains the required information; and if the chart accurately reflects the services provided. If the chart did not contain at least 95% of the required items, it would be returned to the clinician to make necessary corrections. A log containing these results might be kept by a supervisor.

In comparison, Quality Improvement (and more accurately Continuous Quality Improvement, or CQI) is a process aimed at constantly improving product or service delivery. CQI uses a planned and methodical approach that includes the following steps:

1. A **plan** to improve services
2. Data **collection**
3. Data **analysis** (for trends and problems)
4. **Actions** and interventions
5. Data collection as a **follow up** to determine if the actions had the desired results.

CQI Department Support

CQI is a Behavioral Health Services central program that is not within any of the three Divisions (AMHS, ADAS, CYS). CQI participates in a variety of quality improvement (QI) activities that bridge across the Divisions. One responsibility is to help implement the County's QI plan that was approved by the California Department of Mental Health (DMH). DMH expects the County to engage in QI activities that involve the following steps: 1) Collect and analyze data, 2) Identify opportunities for improvement and select which ones to pursue, 3) Design and implement interventions to improve its performance, and 4) Measure the effectiveness of the interventions.

The CQI staff is committed to assisting and supporting each program, department and clinic site in its quality improvement activities. This newsletter will aim to inform Behavioral Health Services staff and managers about quality improvement news, topics and projects. Tel # 714-834-5601.
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The CQI approach in healthcare

The Plan

The first step (planning) of any CQI activity is important because it is at this step that a company (or in our case, Behavioral Health Services) identifies:

- 1) the information that is available for data collection,
- 2) activities that are priority for review (e.g. high risk, high volume, or problem prone activities),
- 3) the resources that are available (i.e. staffing, funds), and
- 4) what is hoped to be accomplished by the activities (e.g. reduce the waiting time for a consumer's first appointment).

Specific projects or indicators can be developed at this step. For example, if a project involved the review of the use of second opinions, an important indicator might be the frequency of second opinion use. Data used to measure the frequency could be the number of second opinions divided by the number of active consumers in a given clinic.

So as not to focus too much on one area of services (i.e. client records), a quality improvement plan will often include indicators and projects from a variety of areas such as:

- Access to care
- Consumer education
- Medication Management
- Consumer Satisfaction
- Medical records
- Operations/finances
- Special Incidents

In addition, indicators and projects are chosen to make sure that they will measure the appropriate aspect of the service. Important aspects of service or procedures include:

- **Efficacy**- Did the treatment accomplish the desired results?
- **Appropriateness**- How relevant are the services?
- **Availability**- Are services available when needed?
- **Timeliness**- Are services provided at the right time?
- **Effectiveness**- Are care and services provided in the correct manner?
- **Continuity**- Are services coordinated?
- **Safety**- How can we reduce risk?

Quality Improvement plans must also take into consideration the requirements of outside agencies. In our case, the Department of Mental Health (DMH) sets certain expectations of projects and indicators we must measure, and the process we must use.

Behavioral Health Services develops a new Quality Plan each summer in conjunction with the new fiscal year.

To use the patient record example from page 1, a clinic/site might choose to include an indicator such as clinical record accuracy because this process:

- is problem prone
- reflects documentation of services
- reflects the effectiveness of services.

Data Collection

The next step (data collection) is critical to the CQI process. Without data no comparisons or conclusions can be made. Data can be collected on logs, forms, checklists, spreadsheets and many other formats. Data that can be entered into spreadsheets (i.e. Excel) or databases (i.e. Microsoft Access or Filemaker Pro) can be analyzed more easily than if the data is on multiple documents. In some cases data needs to be collected for a sufficient period of

time (i.e. six months to a year) to be able to observe any trends; in other cases, data collected from different departments or clinics can help staff observe differences that might not be otherwise apparent. In addition, specific data (such as medication errors, complaints and grievances and other unusual occurrences) need to be maintained and kept in locked files separate from client files.

Analysis (or assessment) of data

Once data has been collected for an appropriate period of time (and this time period varies with each indicator or project), staff can analyze it to determine if a problem does exist (with the service or process), and if the process may be improved (even though the results are within acceptable limits).

One hallmark of CQI is that thresholds of performance (e.g. 95% of charts) are not automatically set. Each indicator or project requires that a goal be established based on staff expectations and the performance level of the organizations, etc. During this phase, staff and managers can ask themselves:

- How well are we doing now?
- Are there areas in which we can improve?
- Do results reflect trends, or just an isolated incident?
- How do we compare with other departments, clinics, mental health plans, published guidelines or "best practices"?

One important way to ensure that data is analyzed appropriately is to include individuals from different disciplines. For example, when reviewing the results of a recent consumer satisfaction survey, a department might include a physician, social worker, psychologist, and office technician as part of the project team to provide different viewpoints.